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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEES TRANSMITTAL For FY 2009		Application Number	10/763,357
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 23, 2004
		First Named Inventor	John L. FEATHERSTONE
		Examiner Name	A. Phasge
		Art Unit	1795
TOTAL AMOUNT OF PAYMENT (\$)		1,340.00 Attorney Docket No. 144092000401	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number 03-1952		Deposit Account Name Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	330	165	540	270	220	110	0.00
Design	220	110	100	50	140	70	0.00
Plant	220	110	330	165	170	85	0.00
Reissue	330	165	540	270	650	325	0.00
Provisional	220	110	0	0	0	0	0.00

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)	<u>Fee (\$)</u>	52	26
Each independent claim over 3 (including Reissues)		220	110
Multiple dependent claims		390	195

Total Claims	Extra Claims - 20 or HP =	Fee (\$) x _____ =	Fee Paid (\$) 0.00	Multiple Dependent Claims	Fee (\$) Fee Paid (\$) 0.00

HP = highest number of total claims paid for, if greater than 20.	
Indep. Claims	Extra Claims - 3 or HP = _____ x _____ =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets - 100 = _____ /50 = _____ (round up to a whole number) x _____ =	Fee (\$) Fee Paid (\$) 0.00

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Please refer to the fees listed in the attached Notification of Loss of Entitlement to Small Entity Status

1,340.00

SUBMITTED BY

Signature	/James J. Mullen, III/	Registration No. (Attorney/Agent)	44,957	Telephone	(858) 720-7940
Name (Print/Type)	James J. Mullen III, Ph.D.		Date	May 27, 2009	